

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 298

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Health Net, Incorporated Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mike Thompson for Congress

Mailing Address P. O. Box 10541

City  
Napa

State  
CA

Zip Code  
94581

Purpose of Disbursement  
Monetary contribution

Candidate Name  
Mike Thompson for Congress

☐ 011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 01

**Transaction ID:** EXP.B.11621

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Sherman for Congress

Mailing Address 4570 Van Nuys Blvd., Suite 270

City  
Sherman Oaks

State  
CA

Zip Code  
91403

Purpose of Disbursement  
Monetary contribution

Candidate Name  
Sherman for Congress

☐ 011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 27

**Transaction ID:** EXP.B.11623

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Chambliss for Senate

Mailing Address 3200 Cobb Galleria Parkway, Suite

City  
Atlanta

State  
GA

Zip Code  
30339

Purpose of Disbursement  
Monetary contribution

Candidate Name  
Chambliss for Senate

☐ 011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: GA District:

**Transaction ID:** EXP.B.11908

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

10000.00